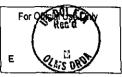
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From			
11724	E1 / 21 / 32004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name GRRY L RGNA	Name NE WI BU. VING + CONSTRUCTION TRACES CONCIN			
	Labor Organization File Number [73705] 8			
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Rcom Number, If any			
Street 2828 M. BALLARD REAL	Street 28 28 N. SHILLAKO ROAD			
City APPLETON'	City APPLETON			
State [W] ZIF Code + 4 54911-8705	State W/ ZIP Code + 4 54411-8 703			
5. Position in labor organization.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	derived income or other economic benefit of on represents or is activaly seeking to represent. 7.a. Nature of Interest, Transaction, or income.			
	7,b. Amount.			
Street				
City				
State ZIP Ccde +4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable panalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed	On 07/15/2005 920/733-3134 Date Telephone Number			

Name of Person Filing GARY L. RUNL		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	ing.		
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar vɛl			
	12.b. Amount,			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bklg., Room No., if any Street City State ZIP Ccde + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			